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## BIB DATA SHEET

CONFIRMATION NO. 3681

<b>SERIAL NUMBER</b> 10/538,543	<b>FILING or 371(c) DATE</b> 06/10/2005 <b>RULE</b>	<b>CLASS</b> 374	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> M-1107		
<b>APPLICANTS</b> Loren Lantz, Charles, MO; James Harr, Foristell, MO; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/00256 01/06/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/28/2006						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/RENE T TOWA/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWINGS</b> 7	<b>TOTAL CLAIMS</b> 12 <del>10</del>	<b>INDEPENDENT CLAIMS</b> 1 <del>5</del>
<b>ADDRESS</b> TYCO HEALTHCARE - EDWARD S. JARMOLOWICZ 15 HAMPSHIRE STREET MANSFIELD, MA 02048 UNITED STATES						
<b>TITLE</b> Tympanic thermometer with ejection mechanism						
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			